

CONFERENCE REGISTRATION FORM

Name: _____

Affiliation: _____ Specialty: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Conference Registration:

Before March 1 - \$425 (Friday & Saturday) \$225 (Saturday Only)

After March 1 - \$475 (Friday & Saturday) \$275 (Saturday Only)

Currently in training* Free

*Please include written statement of training status.

Breakfast, lunch and conference materials provided.

Payment:

Check • MasterCard • Visa • American Express (Check should be made out to :TOC Eye and Face)

Card Number: _____

Expiration Date: _____ Security Code: _____

Exact Name on Card _____

Signature _____

*Cancellation Policy: Cancellation requests received by March 1, 2020 will be issued a full refund. No refunds will be granted after this date.

For more information please contact Jean Alexander (512) 533-7320 or jalexander@tocaustin.com.

Mail full payment and *completed* registration to:

TOC Eye and Face

Attn: Jean Alexander

3705 Medical Pkwy #120

Austin, TX 78705